

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. (0600288) FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
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13	1					
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TOTAL IND.	4					
TOTAL DEP.	9	←	→	→		
TOTAL CLAIMS	13					

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TOTAL IND.		←	→					
TOTAL DEP.		←	→					
TOTAL CLAIMS								